U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget

No. 1215-0188 Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. For Official Use Only Reco I. FILE NUMBER 2. PERIOD COVERED 3. (a) AMENDED — If this is an amended report correcting a previously YEAR filed report, check here: FEB 142001 MO DAY (b) TERMINAL — If your organization ceased to exist and this is its 507-027 000 From terminal report, see Section XII of the instructions and check here: 1000 (c) SUBSIDIARY - If this is a report for a subsidiary organization of Through your union as defined in Section X of the instructions, check here: 8. MAILING ADDRESS (Type or print in capital letters.) First Name LEONARD GOLDEN (3) 507-027 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 110 LU 29 Last Name 190 PLAIN ST LOWELL, MA 01852 12/2000 P.O. Box • Building and Room Number (if any) Macconttlesterlebendeleterk Number and Street 4. AFFILIATION OR ORGANIZATION NAME City 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 7. UNIT NAME (if any) State ZIP Code + 4 9. Are your organization's records kept at its mailing address? No (If "No." provide address in Item 56.) 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) 58. SIGNED: TREASURER PRESIDENT (If other title, (If other title. see instructions.) see instructions.) Telephone Number Telephone Number

Date

 During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in Section X of the instructions? 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? 	Yes No	 19. How many members did your organization have at the end of the reporting period? 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 100000
12. Have a political action committee (PAC) fund?	×	21. During the reporting period, did your organization have any changes in its
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X	rates of dues and fees) or in practices/ procedures listed in the instructions?
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	(If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see the instructions.) MO YEAR
15. Discover any loss or shortage of funds or other property?	X	22. What is the date of your organization's next regular election of officers? 23. What are your organization's rates of dues and fees?
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	Χ	(Enter a minimum and maximum if more than one rate applies for any line.) Rates of Dues and Fees
Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?	*	(a) Regular Dues/Fees \$ 9000 per Mon7h (Month, Year, etc.)
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?	X	(c) Transfer Fees \$
(If the answer to any of the above questions is "Yes," provide of in Item 56 on page 1 as explained in the instructions for each		(d) Work Permits \$ per

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 507-027

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	ren if al letters.) Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. MC FAUNN ROY		Ð	0	Ð
Title PRESIDENT Last Name 2. Fo LOEN LEON LEON	Status C	Ð	3800	3800
THE BIS-AGENT-TREASURER		Ð	3000	3 0 0 0
3. CIFELLI COLL	ENE	Θ	180	180
Title RECORDING - SEC Y	Status C			
4. NIELSEN LAWR		4	ϕ	θ
Title T R V S T E E Last Name First Name	Status C			
5. BURNS THOM	AAS	Ð	0	θ
Title RXE-BOARD	Status C			
6. ROBERTS First Name KIMI	BERL	6	ô	θ
THE VICE-PRESIDENT	Status 💉			
Last Name First Name 7.		Ð	0	6
Title	Status		_	
8. Totals from additional pages (if any)				0
9. Totals of Lines 1 through 8	_			3980
			10. Less Deductions	Ð
Enter the Total from Line 11 in		ltem 45 ⇔	11. Net Disbursements	3980
*Code for Status (C): past officer — P; continuing officer — C; new officer of	luring the repo	rting period — N. (If any	officer was not elected at a regu ganization's constitution and bylaws	lar election in accordance with , explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 5 0 7 - 0 2 7

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	Ite	ASSETS m	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
 ES	25	. Cash	1,465	1023	32. Accounts Payable	76645	81 126
 	26	. Loans Receivable	0	0	33. Loans Payable	θ	Ð
STATEMENT A SSETS AND LIABILITIES	27	. U.S. Treasury Securities	•	4	34. Mortgages Payable	Q	θ
	28	. Investments	9	6	35. Other Liabilities	62100	72500
	29	Fixed Assets	100	100	36. TOTAL LIABILITIES	138745	153626
AS:		Other Assets	•	θ			
	31	. TOTAL ASSETS	1565	1123	37. NET ASSETS (Item 31 less Item 36)	137180	152503
	Ite	CASH RECEIPTS tem		AMOUNT	CASH DISBURS	AMOUNT	
	38	38. Dues		9900	45. To Officers (from Item 24)		3980
NTS	39	39. Per Capita Tax		0	46. To Employees (less deductions)		4
STATEMENT B AND DISBURSEMENTS	40	. Fees, Fines, Assessments	& Work Permits	0	47. Per Capita Tax	1498	
T B	41	1. Interest & Dividends		07	48. Office & Administrative Expense		1558
MEN	42	42. Sale of Investments & Fixed Assets		0	49. Professional Fees	0	
AND	43	. Other Receipts		ð	50. Benefits		2505
S PTS /	44	. TOTAL RECEIPTS		9907	51. Contributions, Gifts & Gra	ints	0
ECEIPTS					52. Purchase of Investments	& Fixed Assets	0
=	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2				53. Loans Made		Ð
		instead of this form.			54. Other Disbursements		808
					55. TOTAL DISBURSEMENTS		10349